

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P98000057248

1. Entity Name

FLORIDA QUALITY PLUMBING, INC.

Principal Place of Business

1104 SHADICK DRIVE  
ORANGE CITY FL 32763-0142

Mailing Address

1025 ORANGE CAMP ROAD  
DELAND FL 32724-7914

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DE PARRY, ASTRID P.A.  
107 E CHURCH ST  
DELAND FL 32724

7. Name and Address of New Registered Agent

Name Michael H. Davis  
Street Address (P.O. Box Number is Not Acceptable)  
1025 Orange Camp Rd  
City DeLand FL Zip Code 32724

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Michael H. Davis, President 04-26-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL H	
STREET ADDRESS	1025 ORANGE CAMP ROAD	
CITY-ST-ZIP	DELAND FL 32724-7914	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EVERS, GARY W	
STREET ADDRESS	244 W UNIVERSITY AVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael H. Davis, Pres. 01-05-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 775-0909

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
05-05-2001 90822 013 \*\*\*150.00

00047774



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)